## Arkansas Trauma Data Standard Inclusion Criteria

## **Definition:**

To ensure consistent data collection across the state, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

At least one of the following injury diagnostic codes defined in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM):

**S00-S99** with 7th character modifiers of A, B, or C only (Injuries to specific body parts – initial encounter) \*see the quick reference section for a descriptor of code categories

**T07** (unspecified multiple injuries)

**T14** (injury of unspecified body region)

**T20-T28 with 7th character modifier of A only** (burns by specific body parts – initial encounter)

T30-T32 (burn by TBSA percentages)

T59.811A-T59.814A, T59.91XA-T59.94XA (Smoke Inhalation),

T63.001A Snakebites (Venomous),

T71.111A-T71.114A, T71.121A-T71.124A, T71.131A-T71.134A, T71.141A-T71.144A, T71.151A-T71.154A, T71.161A-T71.164A, T71.191A-T71.194A, T71.20XA-T71.21XA, T71.221A-T71.224A, T71.231A-T71.234A, T71.29XA, T71.9XXA (Asphyxiation and Strangulation includes Hanging)

T75.1XXA (Drowning and nonfatal submersion), T75.4XXA (Electrocution), T75.00XA-T75.01XA (Lightning)

**T79.A1-T79.A9** with 7th character modifier of A only (Traumatic Compartment Syndrome – initial encounter)

E-code W54.0XXA (Dog bite)

## **Excluding the following isolated injuries:**

Superficial injuries, including blisters, contusions, abrasions, and insect bites: S00.0-S97.97XS, S10.0-S10.97XS, S20.0-S20.97XS, S30.0-S30.98XS, S40.0-S40.929S, S50.0-S50.919S, S60.0-S60.949S, S70.0-S70.929S, S80.0-S80.929S, S90.0-S90.936S

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded. \*see the quick reference section for a list of codes

Foreign bodies: T15-T19

Injuries that are more than 14 days old

## AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO THE ICD-10-CM:

- Hospital admission for injury (in-patient, direct, and/or observed)
  - Hospital admission is defined as any ED disposition other than a destination out of the hospital (home, jail, back to skilled nursing facility or other institutional care, etc.) <u>Includes any admission post ED/Hospital</u> discharge that occurs because of a missed injury or delayed diagnosis.
  - Excludes ED disposition to L&D for monitoring. Excludes hospital admission for reasons other than trauma, i.e., diagnostic work-up for chest pain/syncope, medical management of medical conditions (dehydration, diabetes, HTN, etc.), psychiatric related concerns. Excludes planned readmits or scheduled admits via the clinic.
- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status)

OR MUST INCLUDE ONE OF THE FOLLOWING INDEPENDENT OF THE ICD-10-CM EXCLUSIONS REGARDING SUPERFICIAL INJURIES, LATE EFFECT CODES, OR HOSPITAL ADMISSION:

- All trauma team activations involving the trauma surgeon\*.
  \*Applies to Level I-III facilities; Level IV facility activation criteria does not require a surgeon. Record any level of activation if a patient is admitted, expires in the ED, or transferred to another acute care facility.
- Transfer from one acute care hospital to another acute care hospital

Issue of Residence: Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.